

CLAIMS ONLY						Application Number <i>10/695633</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	<i>1</i>						
2	<i>1</i>						
3		<i>1</i>					
4							
5							
6	<i>1</i>						
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8		<i>1</i>					
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15		<i>1</i>					
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48							
49							
50							
Total Indep	<i>2</i>						
Total Depend	<i>13</i>						
Total Claims	<i>15</i>						